

# ANNUAL PERMIT APPLICATION

**PLEASE PRINT LEGIBLY OR TYPE**

NAME _____					CUSTOMER # _____				
ADDRESS** _____									
CITY _____				STATE _____			ZIP CODE _____		
PHONE # _____ (      )					FAX # _____ (      ) ‡				

‡ The fax number must be available 24hrs per day 7 days per week to receive highway restriction information updates.

## MEASURE IN FEET AND INCHES ONLY

VEHICLE WIDTH		SEMI-TRAILER LENGTH			KINGPIN TO LAST AXLE			COMB. VEHICLE LENGTH		
AXLE NUMBER	1	2	3	4	5	6	7	8	9	
NUMBER OF TIRES PER AXLE										
DISTANCE BETWEEN AXLES										
WIDTH OF AXLES AT TIRE SIDEWALL										
LOADED HEIGHT <b>14'0" MAX</b>	LOADED WIDTH <b>12'0" MAX</b>		LOADED OVERALL LENGTH <b>LEGAL</b>		LOADED OVERHANG <b>LEGAL</b>		WEIGHT CLASS			
<input type="checkbox"/> TRUCKS W/ MORE THAN 20K LBS ON STEERING AXLE VIN # / INSPECTION REPORT REQ. _____ <input type="checkbox"/> TOWS/DRIVES – INSPECTION REPORT REQ. _____ <input type="checkbox"/> UNLADEN 7 / 9 AXLE – INSPECTION REPORT REQ. _____ <input type="checkbox"/> TOW TRUCKS – VIN # REQUIRED _____ <input type="checkbox"/> MOBILE HOME							_____ <b>LEGAL</b>			
							_____ <b>GREEN</b>			
							_____ <b>PURPLE</b>			

CREDIT CARD NO. / DEBTOR ACCT \_\_\_\_\_ EXP. DATE \_\_\_\_\_

NUMBER OF PERMITS REQUESTED \_\_\_\_\_ @ \$90.00 EA \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*OVERNIGHT SERVICE**

NOTES: \_\_\_\_\_

\_\_\_\_\_ FED EX

\_\_\_\_\_ UPS

\_\_\_\_\_ AIRBORNE

\_\_\_\_\_ CHARGE CREDIT CARD

**\*\*MUST HAVE PHYSICAL ADDRESS  
NO P.O. BOXES\*\***

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